

CLAIMS ONLY							Application Number	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2		1					52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14		1					64					
15		1					65					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total	Indep						Total	Indep				
Total	Depend	←	↓	←	↓	←	Total	Depend	←	↓	←	↓
Total	Claims						Total	Claims				